EXHIBIT A

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EXHIBIT B

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen! national of the United States named herein to pass without delay or bundrance and in case of meed is give all lawful and and protection

> Le Secretaire d'Etat des Esas-Unis d'Amérique

prie par les présentes touses autorités compétentes des latisser passer le citoyen ou ressorussant des Mans que limitaire du présent passeport. sans délai m dissiculté et en cas de besoin, de lui accorder taute aide et protection légitimes.

SIGNATURE OF BEARER/SHINATURE DU TITULAIRE

NOT VALID UNTIL SIGNED

## MARKING OF ARABICACH ARABICACTURE A CONTROLLED FOR THE ARABICACTURE A CONT

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State USA 10.15 0.10 20 Type/Catégorie. 101501239

Surname / Nom

PASSPORT

PASSEPORT

DIAZ Given names / Prénoms

BOSTON

MICHAEL ANTHONY Nationalité

UNITED STATES OF AMERICA

Date of birth / Date do haissance

28 OCT/OCT 69
ex / Sexe Place of bith riveu de naissance

Sex / Sexe

NEW YORK, U.S.A. Date of expiration / Date d'expiration

Date of issue / Date de délivrance 25 FEB/FEV 94

Authority / Autonité

PASSPORT AGENCY

SEE PAGE

Amendments/ Modifications

24 FEB/FEV 04

24

P<USADIAZ<<MICHAEL<ANTHONY<<<<<<<<<<<<<< 3A6910284M0402246<<<<< 101501239

Case 1:04-mj-00840-MBB Document 2-2 Filed 04/29/2004 Page 5 of 6

EXHIBIT C



The United States Department of State - Bureau of Consular Affairs

## Social Security Administration Death

Report by CA\_PUBLIC on April , 27TH 2004 10:19 ET

55	SN	Name	Date of Birth	Date of Death	State	Last Residence Zip	Lump Sum Payment Zip	
06	37-54 <b>-1747</b>	Diaz, Michael	10/28/1969	12/21/1995		10472		

Webmaster: CA-DATA-ENG@state.gov